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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MIKEL R. FULK, et al.

GROUP ART UNIT 2833

DP-305004

10/059,404

JANUARY 31, 2002

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Lindsey Dickerson
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STATEMENT ACCOMPANYING

INFORMATION DISCLOSURE STATEMENT

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Applicant(s) requests the Examiner to consider and make of record the reference(s) and/or information on attached PTO 1449.

CHECK ONE: (A, B, or C.)

☐ A. This statement is submitted within 1) three months after the filing date (even if after the first action); or 2) within three months of the date of entry of the national stage or 3) before the mailing date of a first Office Action. No fee or statement is required.

☒ B. This statement is submitted after the period specified in para. A, but before Final Office Action or Notice of Allowance or the close of prosecution.

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☒ 3. Charge the fee set forth in § 1.17(p) to Delphi Technologies, Inc. Deposit Account No. 50-0831.

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If any fee should be required, please charge the appropriate fee to Delphi Technologies, Inc.
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Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Stefan V. Chmielewski', written over a horizontal line.

Stefan V. Chmielewski

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Telephone (248)-813-1220

enc: PTO 1449 & attachments

INFORMATION DISCLOSURE CITATION WITH DOCUMENT COPIES

Submitted by:

STEFAN V. CHMIELEWSKI*

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Atty. Docket No.

DP-305004

Serial No.

10/059,404

Applicant

MIKEL R. FULK

Filing Date

January 31, 2002

Group

2833

U.S. PATENT DOCUMENTS

Exam. Init.	Document Number	Date	Name	Class	Sub Class	Filing Date (if approp.)
	6,613,208	09/02/2003	Vargo, et al.			
	6,305,957	10/23/2001	Fink, et al.			
	6,139,351	10/31/2000	Schaefer, et al.			

FOREIGN PATENT DOCUMENTS

Document Number	Date	Country	Class	Subclass	Translation Yes No

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

Examiner

[Date Considered]

*Examiner: Initial if reference considered whether or not citation is in conformance with MPEP 609;
Draw line through citation if not in conformance and not considered. Include copy of this form with next
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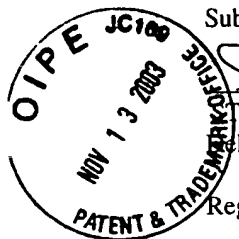
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